

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2008 OF THE CONDITION AND AFFAIRS OF THE

Great Lakes Health Plan, Inc.

·	0707 ent Period)	0707 N (Prior Period)	AIC Company Code _	95467	Employer's ID	Number	38-3204052
Organized under the Laws	of	Michigan	, Sta	te of Domicile or	Port of Entry	I.	/lichigan
Country of Domicile			_	ed States	,		
Licensed as business type:	Life Accide	ent & Health []	Property/Casualty	[] Denta	l Service Corporation	on []	
Electriced de business type.	•	rice Corporation []	Other []		n Maintenance Orga		V 1
					ŭ	-	-
	Hospitai, iv	ledical & Dental Servic	e or indemnity []	IS HIVI	O, Federally Qualif	lea? Yes [] NO[X]
Incorporated/Organized		01/11/1994	Commend	ed Business		10/11/199	4
Statutory Home Office	1	7117 W. Nine Mile Rd.				d, MI 4807	
		(Street and Number	er)		(City or Town, S	State and Zip C	ode)
Main Administrative Office				Nine Mile Rd, S	uite 1600		
So	uthfield, MI 4	8075		(Street and Number)	248-559-5656		
	Town, State and			(A	rea Code) (Telephone N		
Mail Address		line Mile Rd., Suite 160	00,		Southfield, M		
	,	and Number or P.O. Box)			(City or Town, State a		
Primary Location of Books a	nd Records				Mile Rd, Suite 1600	1	
So	uthfield, MI 4	8075		(Street a	and Number) 248-331-4284		
(City or	Town, State and	Zip Code)		(A	rea Code) (Telephone N	lumber)	
Internet Website Address			WV	vw.glhp.com			
Statutory Statement Contact	t	Chris A. Schere	er		248-33	1-4284	
CS	cherer@glhp	(Name)			(Area Code) (Telephon 248-556-4640		tension)
	(E-mail Address				(FAX Number)		
			OFFICERS				
Name		Title		Name		_	Title
Chris A. Scherer Robert W. Oberrende	<u> </u>	President Treasurer		Eric Wexle	r	S	ecretary
Robert W. Oberrende	<u>;ı </u>		TUED OFFICE		,		
Dawn Koehler		VP Government Af	THER OFFICE	Lisa Ann Gra	21/	Chief O	oorating Officer
Kara Jean Rios #		VP Government At	14115	Rachel Godwi			perating Officer ealth Services
John William Kelly #	<u> </u>	VP Tax Service	s	· · · · · · · · · · · · · · · · · · ·			<u> </u>
		DIREC	TORS OR TR	USTEES			
Rodney C. Armstead M.	D. #	Chris A. Scherer		William E. Rals	ton	Laura	A. Spicer #
John J. Kaelin #							
State of							
		SS					
County of							
The officers of this reporting ent above, all of the herein describer this statement, together with rela of the condition and affairs of the	d assets were t ted exhibits, so e said reporting	ne absolute property of the hedules and explanations entity as of the reporting	e said reporting entity, free therein contained, annex period stated above, and	e and clear from a ed or referred to is of its income and	ny liens or claims ther a full and true statem deductions therefrom	eon, except a ent of all the for the perio	as herein stated, and that assets and liabilities and od ended, and have been
completed in accordance with the that state rules or regulations recrespectively. Furthermore, the sc exact copy (except for formatting to the enclosed statement.	quire difference cope of this atte	s in reporting not related to station by the described o	accounting practices an fficers also includes the r	d procedures, accorelated correspond	ording to the best of the ing electronic filing wi	neir information the the NAIC,	on, knowledge and belief, when required, that is an
to the choiced statement.							
Chris A. So Preside			Eric Wexler Secretary		Ro	bert W. Ob Treasu	
				a let	his an original filing	12	Yes [X] No []
Subscribed and sworn to b	efore me this			b. If n		1 5	100 [7] 110 []
day of				1. S	state the amendme	nt number	
					ate filed lumber of pages at	tached	-
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EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals						
Group subscribers:						
		<u></u>				
	NON					
			 			
		-				
0299997 Group subscriber subtotal	0	0	0	0	0	0
0299998 Premiums due and unpaid not individually listed					<u> </u>	
0299999 Total group	0	0	0	0	0	0
0399999 Premiums due and unpaid from Medicare entities			.			
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 13)	0	0	0	0	0	0

EXHIBIT 3 - HEALTH CARE RECEIVABLES

200 00	EXHIBIT 3 - HEALTH CARE RECEIVABLES										
Additional Listed Receivables: 0	1	2	3	4	5	6	7				
12-07 17-0	Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted				
12-07 17-0	ndividually Listed Receivables:										
12-07 17-0	0399998 - Aggregate of amounts not individually listed above.	0	0	0	0	0	0				
Application	STATE OF MICAPITATION PREMIUM REVENUE	200,000	200,000	200,000			600,000				
1,022,889	M99999 - Totals - Capitation Arrangement Receivables	200,000	200,000	200,000			600,000				
0	State of MI-Maternity case rate	1,022,889	0	0			1,022,889				
0	First Health-Drug carve out	581,298	0	0	0	0	581,298				
0	Provider Receivables	318,080	28,943		52,018	419,914	0				
	0699998 - Aggregate of amounts not individually listed above.	0	0		0	0	49,895				
Organo Gress health care receivables	0699999 - Totals - Other Receivables	1,922,268	28,943	70,767	52,018	419,914	1,654,082				
0790000 Gross health one receivables											
0790000 Cross halth are projughles 9 19 80 97 80 97 77 5 9 60 40 14 9 5 6 6											
0700000 Gross halth can prepivables 9 192 90 90 90 90 90 90 90 90 90 90 90 90 90											
0790000 Gross health care receivables 2 173 202 202 203 20 20 20 20 20 20 20 20 20 20 20 20 20											
0790000 Gross health care receivables 24 192 90 97 97 27 55 000 44 101 44 0 0 44 0 0		•									
0700000 Gross health care receivables											
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0700000 Gross health care receivables 23 20 00 270 767 F3 010 440 014 23 254 00											
0700000 Gross health care receivables 2 122 288 270 757 52 019 440 044 2 254 007											
0700000 Gross health care receivables 230 043 270 787 50 049 440 044 2 2 264 099											
0700000 Gross health care receivables 23 102 288 209 043 270 787 50 049 440 044 2 2 264 009		†									
0700000 Gross health care receivables 23 102 288 209 043 270 787 50 049 440 044 2 2 264 009											
0700000 Gross health care receivables 23 122 388 238 043 270 787 53 049 440 044 23 284 099											
0700000 Gross health care receivables 23 102 388 209 043 270 787 50 040 440 044 23 284 009											
0700000 Gross health care receivables 23 102 388 209 043 270 787 50 049 440 044 23 284 009											
0700000 Gross health care receivables 23 102 268 209 043 270 767 50 149 440 044 2 2 264 097		1				İ					
0700000 Gross health care receivables 21 422 268 228 042 270 767 52 040 440 044 22 266 069						1					
0700000 Gross health care receivables 21 22 268 229 042 270 767 52 040 440 044 22 264 097											
0700000 Gross health care receivables 23.000 440.044 2.254.09											
	0799999 Gross health care receivables	2,122,268	228,943	270,767	52,018	419,914	2,254,082				

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

	Aging Analysis of Unpaid	Claims				
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported) Detroit Medical Center Facilities						
Detroit Medical Center Facilities	662,202	(297)	(6, 198)	(8,251)	775	648,231
St. John Health System	595,218		(920)	23	(7,959)	589,567
0199999 Individually listed claims unpaid	1,257,420	2,908	(7 , 118)	(8,228)	(7 , 184)	1,237,798
0299999 Aggregate accounts not individually listed-uncovered						0
0399999 Aggregate accounts not individually listed-covered	4,341,998	(25,266)	(14,684)	(13, 183)	(30,063)	4,258,802
0499999 Subtotals	5,599,418	(22,358)	(21,802)	(21,411)	(37,247)	5,496,600
0599999 Unreported claims and other claim reserves						36,818,383
0699999 Total amounts withheld						
0799999 Total claims unpaid						42,314,983
0899999 Accrued medical incentive pool and bonus amounts						856,501

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Adm	itted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Individually Listed Receivables:							
			<u> </u>	-			
		NON		- 	 		
				-			
				·	.		
0199999 Individually listed receivables	0	0	0	0	0	0	0
0199999 Individually listed receivables							
0399999 Total gross amounts receivable	0	0	0	0	0	0	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
United Healthcare, Inc	Current Operating expenses.	114,250	114,250	
0199999 Individually listed payables.		114,250	114,250	0
0299999 Payables not individually listed				
0199999 Individually listed payables. 0299999 Payables not individually listed 0399999 Total gross payables		114,250	114,250	0

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ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Great Lakes Health Plan, Inc.

EXHIBIT 7 PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments: 1. Medical groups 2. Intermediaries	127,103,382	28.4	2,031,047	1,153.6	0	127,103,382
International Section 2. All other providers Total capitation payments	6,160,824 133,264,206	1.4	2,031,047	0.0 1,153.6	0	6 , 160 , 824 133 , 264 , 206
Other Payments: 5. Fee-for-service	35,231,412 279,232,875	7.9 62.4	XXXXXX	XXXXXX		35,231,412 279,232,875
Contractual fee payments	0	0.0	XXX XXX XXX	XXX XXX XXX		219,232,013
Non-contingent salaries Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments12. Total other payments13. Total (Line 4 plus Line 12)	314,464,287 447,728,493	70.2 100 %	XXX XXX XXX	XXX XXX XXX	0	314,464,287 447,728,493

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
			Average		Intermediary's Authorized
			Average Monthly	Intermediary's	Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Intermediary's Total Adjusted Capital	Control Level RBC
	NONE				
	NONE				
9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

·	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment	991,730		972,314	19,415	19,415	0
Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies						
Durable medical equipment						
5. Other property and equipment						
6. Total	991,730	0	972,314	19,415	19,415	0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
AIC Group Code 0707 BUSINESS IN THE STATE O	F Michigan			DURING THE YEAR	2008			NAIC Company Code		95467
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	160,502								160,502	
2 First Quarter	165,094 .								165,094	
3 Second Quarter	168,394							164	168,230	
4. Third Quarter	172,062							273	171,789	
5. Current Year	176,055							298	175,757	
6 Current Year Member Months	2,031,538							2,019	2,029,519	
Total Member Ambulatory Encounters for Year:										
7. Physician	1,004,062							4,292	999,770	
8. Non-Physician	644,027							2,897	641,130	
9. Total	1,648,089	0	0	0	0	0	0	7,189	1,640,900	
10. Hospital Patient Days Incurred	80,693							498	80,195	
11. Number of Inpatient Admissions	18,591							72	18,519	
12. Health Premiums Written (b)	541,549,836							2,068,667	539 , 481 , 169	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	541,549,836							2,068,667	539,481,169	
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	447 , 728 , 493 .							834 , 198	446 , 894 , 295	
18. Amount Incurred for Provision of Health Care Services	451,371,075							1,011,352	450,359,723	

	a) For health business: number of persons insured under PPO managed care products	0	and number of persons under indemnity only products	0
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⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 2,068,667



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
AIC Group Code 0707 BUSINESS IN THE STATI	E OF Consolidated			DURING THE YEAR	2008			NA	95467	
	1	Compret (Hospital &	Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	160,502	0	0	0	0	0	0	0	160,502	
2 First Quarter	165,094	0	0	0	0	0	0	0	165,094	
3 Second Quarter	168,394	0	0	0	0	0	0	164	168,230	
4. Third Quarter	172,062	0	0	0	0	0	0	273	171,789	
5. Current Year	176,055	0	0	0	0	0	0	298	175,757	
6 Current Year Member Months	2,031,538	0	0	0	0	0	0	2,019	2,029,519	
Total Member Ambulatory Encounters for Year:										
7. Physician	1,004,062	0	0	0	0	0	0	4,292	999,770	
8. Non-Physician	644,027	0	0	0	0	0	0	2,897	641,130	
9. Total	1,648,089	0	0	0	0	0	0	7,189	1,640,900	
10. Hospital Patient Days Incurred	80,693	0	0	0	0	0	0	498	80,195	
11. Number of Inpatient Admissions	18,591	0	0	0	0	0	0	72	18,519	
12. Health Premiums Written (b)	541,549,836	0	0	0	0	0	0	2,068,667	539 , 481 , 169	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	541,549,836	0	0	0	0	0	0	2,068,667	539,481,169	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	447 ,728 ,493 .	0	0	0	0	0	0	834 , 198	446 , 894 , 295	
18. Amount Incurred for Provision of Health Care Services	451,371,075	0	0	0	0	0	0	1,011,352	450,359,723	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons under indemnity only products _____ 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 2,068,667

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SCHEDULE S - PART 1 - SECTION 2

	Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year										
1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsured	Location	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
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0399999	Totala	ł			4						
0399999	I UldiS										

SCHEDULE S - PART 2

	Reins	urance Recoveral	ole on Paid and Unpaid Losses Listed by Re	insuring Company as of December 31, Curr	ent Year	
1	2	3	4	5	6	7
NAIC						
Company	Federal ID					
Code	Number	Effective Date	Name of Company	Location	Paid Losses	Unpaid Losses
79413	36 - 2739571	01/01/2005	Name of Company United Healthcare Insurance Company	450 Columbus Blvd. Hartford, CT 06103	1,617,953	
0499999 - Accid	dent and Health	- Affiliates	. ,		1,617,953	Unpaid Losses
0699999 - Total	ls - Accident and	d Health			1,617,953	(
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	tala Lifa Annı	ity and Accident a	nd Health		1,617,953	

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SCHEDULE S - PART 3 - SECTION 2

	Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year											
1	2	3	4	5	6	7	8	9	Outstanding :	Surplus Relief	12	13
NAIC								Reserve Credit	10	11	Modified	
Company	Federal ID						Unearned Premiums	Taken Other than for			Coinsurance	Funds Withheld
Code	Number	Effective Date	Name of Company	Location	Type	Premiums	(Estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
79413	36-2739571		United Healthcare Insurance Company	450 Columbus Blvd. Hartford, CT 06103		1,316,372						
0199999 -	- Total Authorize	d General Account	- Affiliates			1,316,372						
0399999 -	- Total Authorize	d General Account			1,316,372							
0799999	 Total Authorize 	d and Unauthorize	ed General Account			1,316,372						
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1599999	Totals		.			1,316,372						
1099998	1 Uldi5					1,310,372						

SCHEDULE S - PART 4

	Reinsurance Ceded to Unauthorized Companies												
1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols. 5+6+7)	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols 9+10+11+12+13 But Not in Excess of Col. 8
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1100000	Total												
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Schedule S-Part 5 Five-Year Exhibit of Reinsurance Ceded Business (000 Omitted)

		O O O O	millea)			
		1 2008	2 2007	3 2006	4 2005	5 2004
Α. (OPERATIONS ITEMS					
1.	Premiums	0	0	0	0	0
2.	Title XVIII-Medicare	0	0	0	0	0
3.	Title XIX-Medicaid	1,316	1,202	940	1 , 106	799
4.	Commissions and reinsurance expense allowance		0	0	0	0
5.	Total hospital and medical expenses		0	0	0	0
В. І	BALANCE SHEET ITEMS					
6.	Premiums receivable		0	0	0	0
7.	Claims payable		0	0	0	0
8.	Reinsurance recoverable on paid losses	1,618	0	0	0	79
9.	Experience rating refunds due or unpaid		0	0	0	0
10.	Commissions and reinsurance expense allowances unpaid		0	0	0	0
11.	Unauthorized reinsurance offset	0	0	0	0	0
	UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12.	Funds deposited by and withheld from (F)	0	0	0	0	0
13.	Letters of credit (L)	0	0	0	0	0
14.	Trust agreements (T)	0	0	0	0	0
15.	Other (O)	0	0	0	0	0

SCHEDULE S-PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 10)	93 , 119 , 193		93 , 119 , 193
2.	Accident and health premiums due and unpaid (Line 13)	0		0
3.	Amounts recoverable from reinsurers (Line 14.1)	1,617,953	(1,617,953)	
4.	Net credit for ceded reinsurance.	xxx	1,617,953	1,617,953
5.	All other admitted assets (Balance)	3,125,107		3,125,107
6.	Total assets (Line 26)	97,862,253	0	97,862,253
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	42,314,983	0	42,314,983
8.	Accrued medical incentive pool and bonus payments (Line 2)	856,501		856,50
9.	Premiums received in advance (Line 8)	0		
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17)	0		
11.	Reinsurance in unauthorized companies (Line 18)	0		
12.	All other liabilities (Balance)	4,752,232		4,752,232
13.	Total liabilities (Line 22)	47 ,923 ,716	0	47 , 923 , 716
14.	Total capital and surplus (Line 31)	49,938,537	XXX	49,938,537
15.	Total liabilities, capital and surplus (Line 32)	97,862,253	0	97,862,250
	NET CREDIT FOR CEDED REINSURANCE			
16.	Claims unpaid	0		
17.	Accrued medical incentive pool	0		
18.	Premiums received in advance	0		
19.	Reinsurance recoverable on paid losses	1,617,953		
20.	Other ceded reinsurance recoverables	0		
21.	Total ceded reinsurance recoverables	1,617,953		
22.	Premiums receivable	0		
23.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24.	Unauthorized reinsurance	0		
25.	Other ceded reinsurance payables/offsets	0		
26.	Total ceded reinsurance payables/offsets	0		
27.	Total net credit for ceded reinsurance	1,617,953		

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN Allocated by States and Territories

			ed by States and Terri	Direct Bus	iness Only		
		1 Life (Group and	2 Annuities (Group	3 Disability Income (Group and	4 Long-Term Care (Group and	5 Deposit-Type	6
States, Etc.		Individual)	and Individual)	Individual)	Individual)	Contracts	Totals
1. Alabama	AL						
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						
5. California	CA						
6. Colorado	CO						
7. Connecticut	CT						
8. Delaware	DE						
District of Columbia							
10. Florida							
11. Georgia	GA						
12. Hawaii							
	П ID						
13. Idaho							
14. Illinois			-		·····	 	
15. Indiana							
16. lowa	IA						
17. Kansas	KS		-		}	·	ļ
18. Kentucky							
19. Louisiana							
20. Maine	ME						
21. Maryland	MD						
22. Massachusetts 23. Michigan 24. Minnesota	MA						
23. Michigan	MI						
24. Minnesota	MN						
25. Mississippi							
26. Missouri							
27. Montana							
28. Nebraska							
29. Nevada							
30. New Hampshire							
31. New Jersey							
32. New Mexico							
33. New York	NY						
34. North Carolina	NC						
35. North Dakota	ND						
36. Ohio	OH						
37. Oklahoma	OK						
38. Oregon							
39. Pennsylvania							
40. Rhode Island					ļ		}
41. South Carolina							
42. South Dakota						·	
43. Tennessee	TN						
44. Texas	TX						
45. Utah			-				
46. Vermont	VT						
47. Virginia	VA				ļ		
48. Washington	WA						
49. West Virginia	WV						
50. Wisconsin							
51. Wyoming					L	L	L
52. American Samoa							
53. Guam							
							}
54. Puerto Rico							
55. U.S. Virgin Islands							
56. Northern Mariana Islands							ļ
57. Canada							
58. Aggregate Other Alien	OT						
55.7.9g.5ga.6 54.6.7							

SCHEDULE Y PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

	PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES											
1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC				0	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the		Income/ (Disbursements) Incurred Under		Any Other Material Activity Not in the Ordinary Course of		Reinsurance Recoverable/ (Payable) on Losses and/or Reserve
Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Loans or Other Investments	Benefit of any Affiliate(s)	Agreements and Service Contracts	Reinsurance Agreements	*	the Insurer's Business	Totals	Credit Taken/(Liability)
Code	27 - 0015861	ACN Group of California. Inc.	Dividends	Contributions	investments	(44,527)	1,640,194	Agreements		Business	1,595,667	raken/(Liability)
	11 - 100 1300 1	ACN Group, Inc.				89.488	70,183,381		······	•	70,272,869	
82406	41 - 4591944 35 - 1665915	All Savers Insurance Company				, 400	(7 152)	16,575		•	9.423	(24,348)
73130	35-1744596	All Savers Insurance Company					(7,152) (5,981)	10,070		•	(5,981)	(24,040)
97179	86-0207231	American Medical Security Life Insurance	(140,000,000)				10,906,215	996.045			(128,097,740)	(108,593)
	54 - 1743141	AmeriChoice Health Services, Inc.					119,886,642				119,886,642	(100,000)
13178		AmeriChoice of Connecticut, Inc		1,500,000			(152,995)				1.347.005	
13168	26-2688274	AmeriChoice of Georgia. Inc.		3,000,000			, , , ,				3,000,000	
95497	22-3368602	AmeriChoice of New Jersey. Inc.	(16,000,000)				(60,844,614)				(76,844,614)	
95033	54 - 1495918	AmeriChoice of Pennsylvania, Inc.	(6.900.000)				(12,355,445)	(11, 156, 498)			(30.411.943)	29, 183, 573
	86-0813232	Arizona Physicians IPA Inc	(15,000,000)								(15,000,000)	
95440	35-1736982	Arnett HMO, Inc. Arnett Practice Association, LLC				(645,792)	(2, 107, 943)	(36,553)			(2,790,288)	
	00-0000000	Arnett Practice Association, LLC				645 ,792					645,792	
	94-3111105	Behavioral Health Administrators					19,043 12,831,069			•	19,043	
	88-0267857	Behavioral Healthcare Options, Inc.					12,831,069				12,831,069	
	95-4188244	CII Financial, Inc.					(925,044)				(925,044)	
	52 - 1452809	Dental Benefit Providers of California,					(2,433,936) (854,801)				(2,433,936)	
52053	36-4008355	Dental Benefit Providers of Illinois, In					(854,801)				(854,801)	
	41-2014834	Dental Benefit Providers, Inc.	(40,000,000)				98 , 133 , 866				98,133,866	
	.00-0000000	Duncan Printing Services, LLC.	(13,000,000)				04.050				(13,000,000)	
40044	84-1162764	Electronic Network Systems, Inc		0 500 000			21,953				21,953	
13214	26-2697886	Evercare of New Mexico, Inc Evercare of Texas, L.L.C	/FO 000 000\	3,500,000			(07 504 400)				3,500,000	
11141	91-2008361 88-0223385	Family Health Care Services.	(50,000,000)				(97,581,138) 27,923,146			•	(147,581,138)	
	88-0257036								······	•		
	27 0055260	Family Home Hospice, Inc					001,001			•	4,957,128	
62286	37 - 0855360 37 - 6028756	Golden Rule Insurance Company	(147,374,000)					(16,575)		•	(187,951,136)	24.348
95467	38-3204052	Great Lakes Health Plan, Inc.	(147,374,000)				(40,500,501)	(1,047,998)		•	(48,637,379)	1,617,953
96342	88-0201035	Health Plan of Nevada, Inc.	(12,000,000)				(47,589,381) (542,444,510)	(1,047,990)		.9,920,257	(545,219,799)	1,017,900
3004Z	95-4763349	HealthAllies, Inc.	(12,000,000)				907,367	(030,040)			907,367	
81450	38-2346432	IBA Health and Life Assurance Company	(5,000,000)				1,270,799				(3,729,201)	
01100	86-0477097	Information Network Corporation	(0,000,000)				11 645 293				11,645,293	
	41 - 1858498	Ingenix. Inc.									841,692	
	00-0000000	MAMSI Insurance Resources, LLC					13.304.747				13,304,747	
60321	52 - 1803283	MAMSI Life and Health Insurance Company	(14,351,600)				(38.815.693)		L		(53, 167, 293)	
96310	52 - 1169135	MD-Individual Practice Association. Inc.	(4,762,000)				(82.515.817)	(633,833)			(87.911.650)	
	22-3341467	Medical Network, Inc.					26.033				26,033	
	00-0000000	Mid Atlantic Medical Services, LLC.					62 779 208				62.779.208	
	39 - 1653251	Midwest Security Administrators. Inc.					(3 170 712)		L		(3.170.712)	
	39-1624025	Midwest Security Care Inc					(2, 626, 462)		ļ		206.152	
79480	35 - 1279304	Midwest Security Life Insurance Company	(15,000,000)				(2,626,462)				(17.626.462)	
	41-1485369	National Benefit Resources, Inc.					21.913.4/3		ļ		21,913,473	
95251	76-0196559	National Pacific Dental, Inc.	(2,000,000)				(1,404,638)				(3,404,638)	
95123	65-0996107	Neighborhood Health Partnership, Inc	(21,308,000)				(68,170,840)			ļ	(89,478,840)	
95758		Nevada Pacific Dental, Inc					(5,628,868)			ļ	(5,628,868)	
	.00-0000000	OneNet PPO, LLC	(3,500,000)				469,048	/2.2 2	ļ		(3,030,952)	
96940	52-1518174	Optimum Choice, Inc	(12,490,000)				(70,091,823)	(645,627)			(83,227,450)	

SCHEDULE Y PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

Company Federal Date Fede		PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES											
NAIC Company Federal ID Name of Insurers and Parent, Subsidiaries or Affiliates Capital Capita	13 Reinsurance	12		10	9	8	7 Income/ (Disbursements)	6 Purchases, Sales or	5	4	3	2	1
Concease Pederal ID Concease Pederal ID Concease Contributions C	Recoverable/ (Payable) on Losse and/or Reserve		Activity Not in the		(Disbursements)	Management	Connection with Guarantees or	Loans, Securities, Real					NAIC
Code Number	Credit					Agreements and			Capital	Shareholder		Federal ID	
4-192983 (pturfeet It), Inc. (250,000,000) (10,880,009) (19,922,000) (615,443,914,00	Taken/(Liability)	Totals		*		Service Contracts					Names of Insurers and Parent, Subsidiaries or Affiliates	Number	
41-921983 (bytumbeal th, Inc. (250,000,000) (10,983,009) (10,982,000) (615,644,914, 10,982,000) (615,644,914,914,914,914,914,914,914,914,914,9	0	289,570				289,570	\ /				OptumHealth Bank, Inc.	47 - 0858534	
18/2006 22-297/8560 6ford Health Insurance, Inc. (250,000,000) (174, 862,894) (190,922,030) (855,044,914)	19	10.983.009				10.983.009					OntumHealth Inc	41-1921983	
0-181200 0-181200 0.07 or least Plans (IV), Inc. (20,000,000) (12,77,40)	4)245,791,014	(615,644,914)			(190,962,030)	(174,682,884)				(250,000,000)	Oxford Health Insurance, Inc.	22-2797560	78026
0-181200 0-181200 0.07 or least Plans (IV), Inc. (20,000,000) (12,77,40)	14)	(19.582.794)			(177, 125)	(5,705,669)				(13,700,000)	Oxford Health Plans (CT), Inc.	06-1181201	96798
0-181200 0-181200 0.07 or least Plans (IV), Inc. (20,000,000) (12,77,40)	249.772	(69.505.668)			(2,489,070)	(22.016.598)				(45.000.000)	Oxford Health Plans (NJ). Inc.	22-2745725	
0-000000000000000000000000000000000000	.2)	(312,579,042)			(,,,	(62,579,042)				(250,000,000)	Oxford Health Plans (NY). Inc.	06-1181200	
94-290953. Pacific Union Dental, Inc. (2,500,000) (2,27,439) (4,477,439) (4,777,439) (5-161637) Pacificare Behavioral Health of Californ (29,599,000) (30,700,3297) (1,471,550) (2,289,000) (30,700,3297) (1,471,550) (2,289,000) (30,700,3297) (1,471,550) (2,289,000) (30,700,3297) (1,471,550) (2,289,000) (30,700,3297) (4,471,550) (2,289,700) (4,497,41) (4,500) (4,500,300) (4,497,41) (4,500,300) (4,497,41) (4,500,300) (4,497,41) (4,500,300) (4,497,41) (4,500,300) (4,497,41) (4,500,300) (4,497,41) (4,500,300) (4,497,41) (4,500,300) (4,497,41) (4,500,300) (4,497,41) (4,500,300) (4,497,41) (4,500,300) (4,497,41) (4,500,300) (4,497,41) (4,	.4	174 682 884				174 682 884					Oxford Heath Plans IIC	00-0000000	
95-27/9781 Pact I Care Dental of Colorado, Inc. (282, 200) (291, 471) (300, 700) (44, 961) (300, 746) (3	.4)	(4 717 434)		·····		(2 217 434)				(2 500 000)	Pacific Union Dental Inc	94-2904953	
95-27/9781 Pact I Care Dental of Colorado, Inc. (282, 200) (291, 471) (300, 700) (44, 961) (300, 746) (3	7	90 714 297		·····		120 073 297				(29, 359, 000)	PacifiCare Behavioral Health of Californ		
95-27/9781 Pact I Care Dental of Colorado, Inc. (282, 200) (291, 471) (300, 700) (44, 961) (300, 746) (3	9	12 289 409	(1 471 520)	·····		38 760 929				(25,000,000)	PacifiCare Behavioral Health Inc		
11189	.6)	(9 177 5/6)	(249 741)	·····		(5 327 805)					PacifiCare Dental	95-2797931	
35-1508167 Pacificare Health Plan Administrators 25,000,000 (44,96) 505,002,503 (28,402,835) 504,194,707 507,005 507,194,707 507,000 (44,96) 505,002,503 (28,402,835) 504,194,755 504,43,980 121,484,159 (102,624,514) 48,600 52,829463 Pacificare Life Assurance Company (13,518,000) (19,917,86) 85,986 (2,331,464) (23,455,526) (66,309,000) (19,917,86) 85,986 (2,331,464) (24,455,532) (24,5513) 49,229,231460 Pacificare of California (262,300,000) (106,086,889 (66,123,864) (211,734,975) (65,378,802) (65,758,802) (6	6)	(300.746)	(18 440)			(282, 306)				(0,000,000)	Pacificare Dental of Colorado Inc	94-3284628	11180
95617. 94-3267522 Pacificare of Arizona, Inc. (66.309.000) (160.015.83) (1,70.90) (227.495.51) 95-934400. Pacificare of California. (262.300.000) (106.688.89) (56.123.864) (211.734.975) 954344. 84-1011378. Pacificare of Colorado, Inc. (74.764.000) (93.413.834) (875.525) (6.575.802) (175.628.889) (1.349.834) (1.368.712) (179.303.610) 95034. 84-1011378. Pacificare of Oklahona, Inc. (120.250.000) (88.965.49) (1.686.712) (179.303.610) 95033. 30-1015166. Pacificare of Oklahona, Inc. (262.200.000) (36.697.207) (2.357.690) (67.254.997) (2.357.690) (67.254.997) (2.357.690) (75.249.977) (75.249.9777) (75.249.9777) (75.249.9777) (75.249.9777) (75.249.9777) (75.249.9777) (75.249.9777) (75.249.9777) (75.249.9777) (75.249.97777) (75.249.97777) (75.249.97777) (75.249.97777) (75.249.97777)	7	504 154 707	(26, 402, 835)			505 602 503	(11 961)			25 000 000	Pacificare Health Plan Administrators	35-1508167	11100
95617. 94-3267522 Pacificare of Arizona, Inc. (66.309.000) (160.015.83) (1,70.90) (227.495.51) 95-934400. Pacificare of California. (262.300.000) (106.688.89) (56.123.864) (211.734.975) 954344. 84-1011378. Pacificare of Colorado, Inc. (74.764.000) (93.413.834) (875.525) (6.575.802) (175.628.889) (1.349.834) (1.368.712) (179.303.610) 95034. 84-1011378. Pacificare of Oklahona, Inc. (120.250.000) (88.965.49) (1.686.712) (179.303.610) 95033. 30-1015166. Pacificare of Oklahona, Inc. (262.200.000) (36.697.207) (2.357.690) (67.254.997) (2.357.690) (67.254.997) (2.357.690) (75.249.977) (75.249.9777) (75.249.9777) (75.249.9777) (75.249.9777) (75.249.9777) (75.249.9777) (75.249.9777) (75.249.9777) (75.249.9777) (75.249.97777) (75.249.97777) (75.249.97777) (75.249.97777) (75.249.97777)	4) 179.200	(102 624 514)	121 8/3 150		(443 088)	(145, 748, 685)	(44,501)			(78, 275, 000)	Pacificare Life and Health Incurance Com	35-1137305	70785
95617 94-3267522 Pacificare of Arizona, Inc. (66, 399,000) (160,015,83) (1,70,90) (227,495,151) 95-324460, Pacificare of California (262,300,000) (106,688,89) (56,123,864) (211,734,975) 95-334460, Pacificare of California (262,300,000) (107,746,400) (108,305,549) (16,637,522) (6,575,802) (175,628,889) (1,734,975) (175,628,889)	(4)	(35, 455, 264)	(2 221 /6/1)		(445,300)	(10, 601, 796)				(13 518 000)	Pacificare Life Accurance Company	05 2820463	
99-2931400 Pactificare of California (282,300,000) 106,688,889 (56,123,864) (211,734,475) 95434 84-101378 Pactificare of Colorado, Inc. (74,764,000) (93,413,834) (875,252) (55,5002) (175,628,889) 956903 33-0115166 Pactificare of Okilabma, Inc. (120,250,000) (36,697,207) (2,237,690) (67,254,997) 95993 39-101568 Pactificare of Okilabma, Inc. (30,000,000) (78,473,032) (75) (2,055,404) (110,528,511) 957174 33-0115163 Pactificare of Okilabma, Inc. (137,900,000) (78,473,032) (75) (2,055,404) (110,528,511) 957174 39-011563 Pactificare of Okilabma, Inc. (137,900,000) (200,23,165) (1,744,309) (39,967,474) 959174 39-011563 Pactificare of Okilabma, Inc. (22,800,000) (61,177,344) 1,359 (83,976,005) 94-325033 Pactificare of Washington (22,800,000) (61,177,344) 1,359 (83,976,005) 94-325033 Pactificare of Washington (22,800,000) (20,067,016) (10,177,344) 1,359 (83,976,005) 94-325033 Pactificare of Washington (20,067,016) (10,177,344) 1,359 (10,174,377,344) (10,000,000) 95-0391590 Pactificare of Washington (20,000,000) (20,000,0	2)	(227, 405, 513)	(2,331,404)		/1 170 030	(160,031,700)				(66, 300, 000)	Dacificare of Arizona Inc	04 3267522	
95434 84-1011378 Pacificare of Colorado, Inc. (74,764,000) (93,143,834) (875,252) (6,575,802) (175,628,885) (81,984) (118,0871) (210,933,610) (88,965,940) (81,349) (1,686,712) (210,933,610) (98,903,33,911566) (81,349) (81,349) (1,686,712) (210,933,610) (98,903,33,911566) (81,349) (81,349) (1,686,712) (1,9	5)	(221,490,010)	/EG 100 0GA)		(1,170,930)	106 600 000				(262, 200, 000)	Pacificare of California	05 2021460	95017
96865. 86-0875231. Pacificare of Nevada, Inc. (120,250,000) (88,065,549) (81,349) (1,636,712) (210,333,610) (89903) 33-0151666. Pacificare of Oktahoma. Inc. (28,200,000) (36,697,207) (2,357,600) (67,254,937) (75) (2,055,404) (110,528,511) (78,473,032) (75) (2,055,404) (110,528,511) (78,473,032) (75) (2,055,404) (110,528,511) (78,473,032) (75) (2,055,404) (110,528,511) (78,473,032) (75) (2,055,404) (110,528,511) (78,473,032) (75) (2,055,404) (110,528,511) (78,473,032) (75) (2,055,404) (110,528,511) (78,473,032) (75) (2,055,404) (110,528,511) (78,473,032) (75) (2,055,404) (110,528,511) (78,473,032) (75) (2,055,404) (110,528,511) (78,473,032) (75) (2,055,404) (110,528,511) (78,473,032) (75) (2,055,404) (110,528,511) (78,473,032) (75) (2,055,404) (110,528,511) (78,473,032) (75) (2,055,404) (110,528,511) (78,473,512) (78,473,032) (75) (2,055,404) (110,528,511) (78,473,512) (78,473,	(0)	(211,734,973)	(30,123,004)		/07E 0E0\	(02,442,024)				(202,300,000)	Pacificare of Calarada Inc	93-2931400	OE 42.4
96903 33-0115166 Pacifi Care of Oklahoma Inc (28.200.000) (36.697.207) (2.357.690) (67.254.897) 96983 93-033819 Pacifi Care of Oregon, Inc (30.000.000) (78.473.032) (75) (2.055.404) 95174 33-0115163 Pacifi Care of Texas Inc (137.900.000) (22.800.000) 94.3252033 Pacifi Care of Washington (83.976.000) 94.3252033 Pacifi Color of Washington (9.259.040) 94.33-041200 RxSolutions Inc (9.259.040) 98.0361955 Salveo Insurance Company, Ltd (40.000.000) 98.0361560 Seriera Health & Life Insurance Company, Ltd (40.000.000) 98.0361560 Seriera Health & Life Insurance Company (14.66.391) 88.0204420 Sierra Health Services Inc (475.496) 88.0205432 Sierra Hone Medical Products Inc (475.496) 88.0205430 Suthwest Medical Associates Inc (475.496) 89.025432 Sierra Hone Medical Products Inc (475.496) 89.025432 Sierra Hone Medical	0)	(1/0,020,000)	(4, 626, 742)		(01.0,202)	(90,410,004)				(14,704,000)	Desificant of Neverla Las	04-1011370	
95174 33-0115163 PacifiCare of Texas, Inc (137,900,000) (200,023,165) (1,744,309) (339,667,474) (48038 91-1312551 PacifiCare of Washington (22,800,000) (61,177,364) 1,359 (83,936,000) (61,177,364) 1,359 (83,936,000) (94,3252033) PacificDental Benefits, Inc (22,800,000) (2007,016,016) (16,259,177) (2,083,275,103) (95,031580, Salveo Insurance Company, Ltd. (40,000,000) (40,000,000) (17420, 94-0743680, Sierra Health Services, Inc (14,650,302) (14,653,303) (14	J)	/(210,933,010)	(1,030,712)		(81,349)	(30, 900, 349)				(120,250,000)	Pacificare of Nevada, Inc.	00-00/0231	
95174. 33-0115163. PacifiCare of Texas. Inc. (137, 900, 000) (22, 800, 000) (22, 800, 000) (339, 667, 474) (48038. 91-1312551. PacifiCare of Washington. (22, 800, 000) (61, 177, 364) 1, 359 (83, 976, 000) (92, 900, 940) (92, 900, 9	/)	/(07,204,697)	(2,357,090)		(75)	(30,097,207)				(20, 200, 000)	Pacificare of Oktanoma, Inc	33-0115100	90903
48038 91-1312551 Pacificare of Washington. (22,800,000) (33,976,005) (33,976,005) (40,000,000)	.])	/(110,528,511)	(2,055,404)		(/5)	(78,473,032)				(30,000,000)	Pacificare of Uregon, Inc.	93-0938819	
94-3252033 Pacificental Benefits, Inc 9,250,940 9,250,94	4)	(339,667,474)			(1,744,309)	(200,023,105)				(137,900,000)	Pacificare of Texas, Inc	33-0115163	
33-0441200 RxSolutions, Inc (2,067,016,016) (16,259,177) (2,083,275,193)	5)	(83,976,005)			1,359	(61, 177, 364)				(22,800,000)	Pacificare of Washington	91 - 1312551	48038
R8 -0200415	U	9,250,940				9,250,940					PacificDental Benefits, Inc	94 - 3252033	
88-0200415. Sierra Health Services, Inc. 140,982,767 (9,920,257) 131,062,510	3))(2,083,275,193)	(16,259,177)			(2,067,016,016)					RXSOlutions, Inc	33-0441200	
R8 -0200415	0)	(40,000,000)								(40,000,000)	Salveo Insurance Company, Ltd	98-0361995	
88-0200415. Sierra Health Services, Inc. 140,982,767 (9,920,257) 131,062,510	0	5,000,000							5,000,000		Sheridan RE, Inc.	98-0361580	
88-0254322 Sierra Health-Care Options, Inc. (475, 496) (475, 496) (475, 496) (88-0385705 Sierra Home Medical Products, Inc. 29,722,477 29,722,4	1)	(1,465,391)			281,982	(1,747,373)						0 7 0 7 0 7 0 0 0 0	/1420
88-0385705. Sierra Home Medical Products, Inc. 29,722,477 88-0201420. Southwest Medical Associates, Inc. 314,717,260 52-190090. Special Risk International, Inc. 1,676,918 52-1260282. Spectera, Inc. 69,527,943 25-1825549. Three Rivers Holdings, Inc. (3,000,000) 94-3077084. U.S. Behavioral Health Plan, California. (4,500,000) 91529. 52-1996029. Unimerica Insurance Company. (6,073,493) 11596. 01-0637149. Unimerica Life Insurance Company of New. 10,000,000 25-1877716. Unison Administrative Services, LLC. 160,760,475 25-1867089. Unison Family Health Plan of Pennsylvani. (7,003,683) 51-0501506. Unison Health Holdings of Ohio. Inc. 3,273,623	0)131,062,510	(9,920,257)			140,982,767					Sierra Health Services, Inc.	88-0200415	
88-0201420 Southwest Medical Associates, Inc. 314,717,260 314,717,260 52-1900090. Special Risk International, Inc. 1,676,918 1,676,918 52-1260282 Spectera, Inc. 69,527,943 52-1825549 Three Rivers Holdings, Inc. (3,000,000) 3,464,551 69,527,943	<u>ö</u>)	(475,496)				(475,496)		.			Sierra Health-Care Options, Inc.	88-0254322	
52-1900090 Special Risk International, Inc. 1,676,918 52-1260282 Spectera, Inc. 69,527,943 69,5	/	29 , 722 , 477				29 , 722 , 477					Sierra Home Medical Products, Inc.		
52-1260282 Spectera, Inc	0	314,717,260				314,717,260					Southwest Medical Associates, Inc	88-0201420	
52-1260282 Spectera, Inc. 69,527,943 69,527,943 25-1825549 Three Rivers Holdings, Inc. (3,000,000) 3,464,551 464,551						1,676,918						52-1900090	
94-3077084 U.S. Behavioral Health Plan, California (4,500,000) (6,073,493) (10,573,	3	69 , 527 , 943				69.527.943					Spectera, Inc	52-1260282	
94-3077084 U.S. Behavioral Health Plan, California (4,500,000) (6,073,493) (10,573,	1	464 , 551				3,464,551			(3,000,000)		Three Rivers Holdings, Inc	25-1825549	
11596 01-0637149 Unimerica Life Insurance Company of New 10,000,000 (959,130) 9,040,870 25-1877716 Unison Administrative Services, LLC 160,760,475 160,760,475 160,760,475 12012 55-0867089 Unison Family Health Plan of Pennsylvani (7,03,683) (7,03,683) 51-0501506 Unison Health Holdings of Ohio. Inc. 3,273,623 3,273,623	3)	(10,573,493)				(6,073,493).				(4,500,000)	U.S. Behavioral Health Plan, California	94-3077084	
11596 01-0637149 Unimerica Life Insurance Company of New 10,000,000 (959,130) 9,040,870 25-1877716 Unison Administrative Services, LLC 160,760,475 160,760,475 160,760,475 12012 55-0867089 Unison Family Health Plan of Pennsylvani (7,03,683) (7,03,683) 51-0501506 Unison Health Holdings of Ohio. Inc. 3,273,623 3,273,623	1					(35, 137, 709)					Unimerica Insurance Company	52 - 1996029	
25-1877716. Unison Administrative Services, LLC	0					(959.130)			10,000,000		Unimerica Life Insurance Company of New	01-0637149	11596
12012 55-0867089 Unison Family Health Plan of Pennsylvani (7,003,683) (7,003,683) (7,003,683) (7,003,683) (7,003,683) (7,003,683)	5	160,760,475				160 ,760 ,475 [°] .					Unison Administrative Services IIC	25-1877716	
51-0501506 Unison Health Holdings of Ohio. Inc.	.3)	(7,003,683)				(7,003,683)					Unison Family Health Plan of Pennsylvani	55-0867089	12012
100 5047744 Union Health Dian of Delevere Inc.	3	3,273,623		l		3,273,623					Unison Health Holdings of Ohio, Inc.	51-0501506	
	7)	(8.152.817)		I		(10.152.817)			2,000,000		Unison Health Plan of Delaware. Inc.	20-5917714	
12620 20-3330714 Unison Health Plan of New Jersey. Inc. 45.832 45.832 45.832	32	45.832		I		45.832			, , / + +		Unison Health Plan of New Jersev. Inc.	20-3330714	12620
12323 56-2451429 Unison Health Plan of Ohio, Inc. (33,660,208) (33,660,208)	(8)	(33,660,208)		T		(33,660,208)					Unison Health Plan of Ohio. Inc.	56-2451429	
95220. 25-1756858. Unison Health Plan of Pennsylvania. Inc. (88.059.763) (88.059.763) (88.059.763)	(3)					(88.059.763)					Unison Health Plan of Pennsylvania. Inc.	25 - 1756858	95220
11775 32-0062883 Unison Health Plan of South Carolina. In (9.311.591) (9.311.591) (9.311.591)	11)	(9.311.591)		T		(9,311,591)					Unison Health Plan of South Carolina. In		11775
11139	·8)	(12 814 998)		Ī		(12 814 998)					Unison Health Plan of Tennessee Inc		

SCHEDULE Y PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

	PARI 2 - SUMMART OF INSURER'S TRANSACTIONS WITH ANT AFFILIATES											
1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company	Federal ID	Names of lawyers and Douget Collections on Affiliates	Shareholder	Capital	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any	Management Agreements and	Income/ (Disbursements) Incurred Under Reinsurance Agreements		Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Tatala	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	-	Business	Totals	raken/(Liability)
13032		Unison Health Plan of the Capital Area, United Behavioral Health		3,000,000			(1,983,537)				1,016,463	
70440	94-2649097	United Benavioral Health	/4 000 200 044)	(3,500,000)				267,084,318		/C 2C0 F40\	261,235,484	(305,249,071)
79413	36-2739571	United HealthCare Insurance Company	(1,890,388,614)	(3,500,000)			(3,627,426,597)	207, 084, 318		(6,360,510)	(5,260,591,403) (56,834,355)	(305,249,071)
60318	36-3800349 11-3283886	United HealthCare Insurance Company of I	(27,367,000)				(29,467,355)	(40,000,470)		-	(00,034,300)	
60093		United HealthCare Insurance Company of N	(34,021,000)				(44,931,501)	(40,089,476)		-	(85,020,977) (77,846,402)	
73518	31-1109935	United HealthCare Insurance Company of 0					(43,825,402)	/444 FCO\		-	(77,840,402)	
95784	63-0899562	United HealthCare of Alabama, Inc	(57,935,000)				(30,936,281)	(411,568)		-	(89,282,849)	
96016		United HealthCare of Arizona, Inc	(0.055.000)				(13,610,511)	(99,035)			(13,709,546)	
95446		United HealthCare of Arkansas, Inc	(2,855,000)				(2,730,488)	(20,439)	· · · · · · · · · · · · · · · · · · ·		(5,605,927)	
95090	84 - 1004639	United HealthCare of Colorado, Inc					(390, 108)	(4,562)			(394,670)	
95264		United HealthCare of Florida, Inc	(23,000,000)	0 000 000			(196,681,249)	(1,388,942)			(221,070,191)	
	58 - 1653544	United HealthCare of Georgia, Inc	/4 000 000	8,900,000			(19,763,197)	(191,312)			(11,054,509)	
96644	62-1240316	United HealthCare of Kentucky, Ltd	(1,089,000)				(7,085,481)	(47,754)			(8,222,235)	
	72-1074008	United HealthCare of Louisiana, Inc	(1,600,000)				(1,203,671)	(7,723)			(2,811,394)	
95716	63 - 1036817	United HealthCare of Mississippi, Inc					5,065	(744,005)			5,065	
95186	31-1142815	United HealthCare of Ohio, Inc.	(48,900,000)				(96, 197, 992)	(741, 265)			(145,839,257)	
11147	63-1036814	United HealthCare of Tennessee, Inc.	(3,191,000)				(5,267,679)				(8,458,679)	
95765	95-3939697	United HealthCare of Texas, Inc.					(4,597,564)	(27,415)			(4,624,979)	
95591	47 - 0676824	United HealthCare of the Midlands, Inc	(7,430,000)				(21,662,597)	(661,308)			(29,753,905)	
	43 - 1361841	United HealthCare of the Midwest, Inc	(49,666,000)				(76,289,440)	(3,216,500)			(129, 171, 940)	8,239,274
95501	41-1488563	United HealthCare of Utah	(15,700,000)				(8, 177, 968)	(65,237)			(23,943,205)	
		United HealthCare Products, LLC					3,816,017				3,816,017	
	36-2739571	United HealthCare Service LLC	(115,000,000)								(115,000,000)	
		United HealthCare Services, Inc	2,645,399,000	(91,400,000)			5,040,965,177				7 ,594 ,964 ,177	
	41-1940493	United Resource Networks, Inc.					10,556,537				10,556,537	
	41-1321939	UnitedHealth Group Incorporated	1,807,852,600	(6,500,000)			1,689,382,960				3,490,735,560	
	00-0000000	UnitedHealthcare Alliance LLC	(97,000,000)								(97,000,000)	
12231	20 - 1902768	UnitedHealthcare Insurance Company of th	(2,900,000)				(7,208,139)	(22,474)			(10,130,613)	
95776	36-3280214	UnitedHealthcare of Illinois, Inc.	(7,773,000)	1,500,000			(11,976,616)	(76,999)	ļ		(18,326,615)	
95149	05-0413469	UnitedHealthcare of New England, Inc.	(11,930,000)				(45,751,159)	(9,677,602)			(67, 358, 761)	17 , 443 , 936
95085	06-1172891	UnitedHealthcare of New York, Inc.	(5,723,386)				(67,038,081)		ļ		(72,761,467)	
95103	56 - 1461010	UnitedHealthcare of North Carolina, Inc	(55,417,000)				(96,416,028)	(2,761,954)			(154,594,982)	
95025		UnitedHealthcare of the Mid-Atlantic, In					(88, 164, 378)	(577,007)			(88,741,385)	
	39 - 1555888	UnitedHealthcare of Wisconsin, Inc	(42,705,000)				(110,599,803)	3,723,396			(149,581,407)	1,652,475
		UnitedHealthcare Plan of the River Valle					(134,826,449)	75,669			(134,750,780)	1,000,466
	. 36-3355110	UnitedHealthcare Services Company of the					146,914,630		l		146,914,630	
9999999 Co	ontrol Totals		0	0	0	0	2	0	XXX	0	2	(1)

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
which t	llowing supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code ment is required of your company but is not filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory	will be printed below. If the
	MARCH FILING	
9.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	SEE EXPLANATION
10.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	SEE EXPLANATION
11.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	SEE EXPLANATION
12.	Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	SEE EXPLANATION
13.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	SEE EXPLANATION
14.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatories 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	SEE EXPLANATION
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	YES
	APRIL FILING	
16.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	SEE EXPLANATION
17.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	SEE EXPLANATION
18.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	SEE EXPLANATION
EXPLA	ANATION:	
9. NON	E	
10. NO	NE .	
11. NO	NF	
12. NO	NE	
13. NO	NE	
14. NO		
16. NO		
17. NO	NE .	
18. NO	NE .	

BAR CODE:

OVERFLOW PAGE FOR WRITE-INS

Medicare Part D Coverage Supplement NONE

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